



Government of the District of Columbia  
Department of Health



***BIRTH CERTIFICATE GENDER DESIGNATION APPLICATION FORM***

Birth Certificate File Registration Number: \_\_\_\_\_

Birth Record Holder's Last Name	First Name	Middle Name	Date of Birth
_____	_____	_____	_____
Relationship to Birth Record Holder: _____Self _____Parent _____Guardian _____Legal Representative			
Birth Record Holder's Street Address		City/State	Zip Code
_____		_____	_____
Birth Record Holder's Phone Number		Birth Record Holder's E-Mail Address	
_____		_____	
Has a change in the gender designation for this applicant been previously done? _____Yes _____No. If yes, pursuant to DC Law, a court order is necessary for Vital Records Division staff to open a sealed birth record.			
I, _____, make application to designate the gender marker on my birth certificate to read: _____Male _____Female			
<p>I, _____ hereby affirm under penalty of law that this request for gender designation is for the purpose of ensuring that my District of Columbia birth certificate accurately reflects my gender and is not for any fraudulent or other unlawful purpose. The following support documentation is provided to support this application request for changing the gender designation on my District of Columbia birth certificate:</p> <p>_____ Name Change. <b>If</b> the applicant's name is also being requested to be changed, he/she must present an original or certified copy of an order of a court of competent jurisdiction granting a change of name; and</p> <p>_____ Signed original statement from a <u>licensed healthcare provider</u> who has treated the applicant for his/her gender-related care or reviewed and evaluated the gender-related medical history of the applicant and can attest to the fact that the individual has undergone surgical, hormonal or other treatment appropriate for the individual for the purpose of gender transition based on contemporary medical standards or that the individual has an intersex condition and that in the healthcare provider's professional opinion, the individual's gender designation should be changed.</p> <p>I hereby certify under penalty of law that the foregoing information and the support documentation provided to support this application request is true and correct. I understand that a person who willfully or negligently makes a false certification shall be subject to a fine or not more than two hundred dollars (\$200.00), imprisonment of not more than ninety (90) days or both. Civil fines, penalties and fees may be imposed as sanctions for any infraction pursuant to Chapter 18 of Title 2. Adjudication of any infractions shall be pursuant to Chapter 18 of Title 2.</p> <p>Signature: _____ Date: _____</p> <p>Vital Records Division Acceptance (Name): _____ Date: _____</p> <p>Application requests will take up to three (3) business days to process to allow sufficient time to confirm information and to retrieve the original birth record information so that it can be sealed and sent to the Archives for storage.</p>			

12/23/2013

***VITAL RECORDS DIVISION***